



Program Description

The MORTGAGE ASSISTANCE PROGRAM provides qualified Native Americans with down payment and closing cost assistance to purchase or construct a home. Eligibility criteria is below:

- Household income must not exceed 80% of the National Median Income as established by HUD
- Head of household or cohabitating partner must be a citizen of a federally recognized tribe; preference is given to Cherokee Nation citizens
- Head of household, cohabitating partner and anyone who will have an ownership interest in the home must be first-time homebuyers. A first time homebuyer is an individual who has had no ownership in a residence during the previous three years or who has only owned a property that was uninhabitable. Exceptions may be made for victims of documented domestic violence.
- Must purchase a home within Cherokee Nation reservation boundaries
- Mortgage loans must meet Cherokee Nation's non-predatory criteria
- A soft second mortgage will be placed on the home; if the home is not used as a primary residence a prorated payback will be required
- Home must pass a Cherokee Nation environmental review; if home is being constructed the environmental review must be completed before any dirt on the property is moved
- Home must be structurally sound as attested to by a State Certified Inspector
- The home purchased may not include more than 5 acres of land
- Applicant must attend Cherokee Nation Homebuyers Education classes provided at no cost to the applicant

The following documents must be submitted:

- | | |
|--|---|
| <input type="checkbox"/> MAP Application | <input type="checkbox"/> Employment Form for all employed household members |
| <input type="checkbox"/> Income Assistance | <input type="checkbox"/> Copy of Social Security cards for applicant, cohabitating partner and anyone who will have an ownership interest |
| <input type="checkbox"/> Child Support Affidavit | <input type="checkbox"/> Copy of state or tribally issued ID for head of household, cohabitating partner and anyone who will have an ownership interest |
| <input type="checkbox"/> Divorce decree with custodial responsibility | <input type="checkbox"/> Copy of Tribal Citizenship card for applicant and/or co-applicant |
| <input type="checkbox"/> Asset Information | |
| <input type="checkbox"/> Declaration of Section 214 Status for all household members | |
| <input type="checkbox"/> Income Declaration for all household members over 18 | |

NAHASDA Median Family Income Guidelines effective June 22, 2021

Family Size	1	2	3	4	5	6	7	8
80%	\$44,744	\$51,136	\$57,528	\$63,920	\$69,034	\$74,147	\$79,261	\$84,374

*Monetary assistance is contingent upon available funding.

Application Submission

Mail Application to:

Cherokee Nation
MAP
P.O. Box 828
Tahlequah, OK 74465

For Information Please Call:
918-453-5536

Or if you prefer, you may drop off your application at:

Cherokee Nation
Tsa La Gi Annex, Room 105
17675 S. Muskogee Ave.
Tahlequah, OK 74464

Or at any Housing Authority of Cherokee Nation office:

23205 S. Hwy 66, Claremore, OK 74018
2260 W. Cherokee, Sallisaw, OK 74955
109 13th St., Jay, OK 74346
1500 Hensley Dr., Tahlequah, OK 74464



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Mortgage Assistance Program

APPLICANT INFORMATION			
Full Legal Name		Date	Community
Mailing Address		For Office Use Only: RECEIVED BY: FORWARD TO:	
City and State	Zip Code		
Main Contact Number/Home/Cell Phone:	Work Phone:	E-mail for all contact purposes:	
Closest Relative Not Living in Your Household:		Home / Cell Phone	Work Phone
Address		City / State	Zip Code

HOUSEHOLD COMPOSITION						
FULL NAME(S) – All Household Members including yourself: Last, First, Middle	Relation	Sex M/F	Date of Birth	Native American Y/N	List Tribe	Social Security Number ***REQUIRED***
1						
2						
3						
4						
5						
6						
7						
8						

Are there family members temporarily absent? YES NO If yes, whom: _____ Relation: _____

Where are they residing? _____ When are they expected to return? _____

TOTAL HOUSEHOLD INCOME							
HOUSEHOLD MEMBER	EMPLOYER	GROSS WEEKLY WAGES	WELFARE TANF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1							
2							
3							
4							
5							

Do you currently own your home? YES NO

If NO, do you: Rent Live with Family/Friend **Rent Payment:** _____



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Income Assistance Affidavit

This form must be completed and signed by all household members 18 year of age or older even if no benefits are received.

- I certify my household is NOT presently receiving income assistance from the Department of Human Services or Tribal Services, provided by a Native American tribe.
- I certify that my household receives income assistance as indicated below:

INCOME ASSISTANCE		
TYPE OF BENEFIT	AMOUNT	LIST PERSON(S) RECEIVING BENEFIT AS INDICATED
SSA	\$	
SSI	\$	
VA – VETERANS	\$	
TANF	\$	
CHILD SUPPORT	\$	
AID TO DISABLED	\$	
AID TO ELDERLY	\$	
GENERAL ASSISTANCE	\$	
TRIBAL WORK EXPERIENCE	\$	
UNEMPLOYMENT BENEFIT	\$	
OTHER:	\$	
EXPLAIN OTHER TYPE OF BENEFIT:		
DOES THE STATE PAY SUPPLEMENTAL INSURANCE / MEDICARE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, LIST AMOUNT: \$

I understand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.

HOUSEHOLD SIGNATURE ATTESTATION		
YOU ARE AUTHORIZED TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY		
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
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IF YOU DRAW BENEFITS FROM A DIFFERENT SOCIAL SECURITY NUMBER, LIST THE NUMBER:		
V.A. CLAIM NUMBER(S):		

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any Department or Agency of the U.S. regarding any matter within its jurisdiction.



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Asset Information

If you do not have any accounts, assets, own or have any interest in real property, please check the Not Applicable box and sign below: **Not Applicable**

DESCRIPTION OF ASSETS		
CHECK	TYPE	BALANCE \$
	CHECKING	
	CHECKING	
	SAVINGS	
	SAVINGS	
	CERTIFICATE OF DEPOSIT (CD)	
	IRAs	
	MUTUAL FUNDS	
	STOCKS / BONDS	
	MONEY MARKETS	
	ANNUITIES	
	OTHER TYPE:	
REAL PROPERTY (LAND, HOUSE, ETC.)		DO YOU OWN OR CO-OWN (TRUST, JOINT) ANY REAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHERE IS THE PROPERTY LOCATED?		STATUS: (Taxable, Trust, Restricted)
REAL PROPERTY DISPOSED	HAVE YOU OWNED OR DISPOSED OF ANY REAL PROPERTY IN THE PAST BY SALE, GIFT, OR TRANSFER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, HOW WAS THE PROPERTY DISPOSED OF? PLEASE CHECK ONE OF THE BOXES BELOW.		
<input type="checkbox"/> SALE <input type="checkbox"/> ASSIGNMENT/TRANSFER/GIFT <input type="checkbox"/> FORECLOSURE <input type="checkbox"/> OTHER		
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ Signature, Head of Household _____ Date _____ Spouse Signature _____ Date </div>		

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Employment Form

Not Applicable

Self-Employed (include 3 yr taxes)

Complete the top half of this form by listing your employer's name and mailing address. Print your name, social security number and your employer's phone number. Cherokee Nation MAP will contact your employer for employment verification.

IDENTIFICATION INFORMATION	
NAME OF COMPANY / EMPLOYER	PRINT EMPLOYEE'S NAME
MAILING ADDRESS OF EMPLOYER	SOCIAL SECURITY NUMBER
CITY, STATE, AND ZIP CODE	EMPLOYER'S PHONE NUMBER and FAX NUMBER
I HEREBY AUTHORIZE YOU TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY:	
_____	_____
SIGNATURE OF APPLICANT	DATE

This section to be completed by Employer

EMPLOYER INFORMATION	
PLEASE PROVIDE THE ANTICIPATED GROSS EARNINGS FOR THE NEXT 12 MONTH PERIOD (YEAR) :	\$
YEAR TO DATE TOTAL INCOME:	\$
AVERAGE NUMBER OF HOURS PER PAY PERIOD:	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY
AVERAGE NUMBER OF HOURS PER WEEK:	AVERAGE OVERTIME HOURS RECEIVED ANNUALLY:
CURRENT HOURLY PAY RATE (GROSS)	\$
REGULAR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> OTHER <input type="checkbox"/>	
NOTES:	
IF TEMPORARY/SEASONAL, INDICATE LAY OFF PERIODS:	
TITLE / POSITION:	DATE OF HIRE:

SIGNATURE OF AUTHORIZED PERSONNEL	

DATE	
COMPANY MAILING ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER
FAX NUMBER	

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CITY, STATE, AND ZIP CODE	EMPLOYER'S PHONE NUMBER and FAX NUMBER
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_____ SIGNATURE OF APPLICANT	_____ DATE

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Income Declaration

This form must be completed by each household member over age 18. All income must be listed below. Please include monetary gifts, money earned from odd jobs (babysitting, mowing, cutting wood, etc.) and formal employment.

You must report any changes to income immediately and furnish all information requested in this affidavit.

- I certify I receive no income from a private employer, odd jobs, unemployment or worker's compensation benefits, TANF, Social Security, Veterans or other governmental/tribal benefit, pension, retirement or annuity benefits, child support or contributions or gifts from anyone outside the home.
- I certify I am not presently employed in any capacity but anticipate becoming employed within the next 12 months.
- I certify I am not presently employed but I have accepted a position with _____ which will begin on _____. I will be earning \$_____ per _____ (weekly, monthly, etc.).
- I certify all income I receive is listed in the table below:

EMPLOYER	GROSS WEEKLY WAGES	WELFARE TANF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME

I understand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.

Print Name

Signature

Social Security Number

Date

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Declaration of Section 214 Status

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible for the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Cherokee Nation. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

A box must be completed for each member of the household. A parent or guardian must sign for family members under 18 years of age. Do not sign the child's name; sign your name as parent or guardian and print your child's name.

I certify under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because (please check below):

DECLARATION	
PLEASE CHECK THE APPROPRIATE BOX	COMPLETE FOR EACH HOUSEHOLD MEMBER
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or; <input type="checkbox"/> I have eligible immigration status and I am 62 years of age or older (attach proof of age). <input type="checkbox"/> I have eligible immigration status as checked: <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> Threat to life or freedom under 243(h) of the INA/7; or <input type="checkbox"/> Amnesty under 245A of the INA/8. Attach INS document(s) evidencing immigration status and signed verification consent form.	NAME: SIGNATURE: DATE:
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or; <input type="checkbox"/> I have eligible immigration status and I am 62 years of age or older (attach proof of age). <input type="checkbox"/> I have eligible immigration status as checked: <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> Threat to life or freedom under 243(h) of the INA/7; or <input type="checkbox"/> Amnesty under 245A of the INA/8. Attach INS document(s) evidencing immigration status and signed verification consent form.	NAME: SIGNATURE: DATE:
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